

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 111Registered No. 228

## 1. PLACE OF BIRTH

County GilaTownship GlobeCity GlobeState Gila Coor Village Hospital GlobeNo. Fitzpatrick (If birth occurred in a hospital or institution, give its NAME instead of street and number)

## 2. Full name of child

MaryFitzpatrick

{ If child is not yet named, make supplemental report, as directed

## 3. Sex

Female

If plural Births

## 4. Twin, triplet, or other

## 6. Premature

## 7. Legitimate

## 8. Date of birth

Dec 20, 1931

## 5. Number in order of birth

## Full term

## mailed

(Month, day, year)

## 9. Full name

John H. Fitzpatrick

## 18. Full name

## MOTHER

Lidia Formig

## 10. Residence (usual place of abode)

(If nonresident, give place of residence)

Miami Az

## 19. Residence (usual place of abode)

(If nonresident, give place of residence)

Miami Az

## 11. Color

White

## 12. Age at last birthday

49 (Years)

## 20. Color

White

## 21. Age at last birthday

22 (Years)

## 13. Birthplace (city or place)

(State or country)

Texas U.S.

## 22. Birthplace (city or place)

(State or country)

Utah

## 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Hotel Proprietor

## 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

## 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Hotel Proprietor

## 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Housewife

## 16. Date (month and year) last engaged in this work

Dec 20, 1931

## 17. Total time (years) spent in this work

19

## 25. Date (month and year) last engaged in this work

Dec 20, 1931

## 26. Total time (years) spent in this work

22

## 27. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 0

## 28. If stillborn, period of gestation (months or weeks)

## 29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive or stillborn

at

9H

m.

on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Signed

Neom R. Brayton

M.D.

or

Midwife

Address

Miami Az

Filed

1/5

1932

S. S. W. W. W.

Registrar

Given name added from a supplemental report

(Date of)

462-1220-227

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.